

Bowling Green State University Volunteer Agreement and Release of Liability

Name of Volunteer: _____ (print name)

I have chosen to volunteer my services to Bowling Green State University (BGSU) in the Department /Program of _____ performing the following general services:

from _____ (start date) to _____ (end date - no greater than one year). My direct supervisor is _____ (print name)

- 1) I understand that my participation as a BGSU volunteer is without compensation.
- 2) I understand that BGSU does not provide me with accident or medical insurance and is not responsible for any accidents or medical expenses incurred by me. I also understand that I am neither covered by Worker's Compensation nor entitled to employee benefits as a result of my volunteer affiliation.
- 3) I understand that volunteering may involve certain risks including the risk of bodily injury or property damage from the activity itself or from the acts of others. I understand that by participating, I am indicating my acceptance of these risks. I agree to abide by university policies and procedures, and utilize available safety equipment and training.
- 4) BGSU agrees to provide me with third party liability insurance to protect me from any claims filed against me related to the specific duties I am assigned. In exchange, I, on behalf of myself, my heirs, and my representatives do hereby release, indemnify, and hold harmless BGSU and its officers, agents, employees and sponsors from any and all liability, damage, or claim of any nature that arises out of or related to my volunteer activities.
- 5) I understand that the university shall have the right to release me as a university volunteer without prior notice. I understand that I do not have a formal work appointment for the services noted above.
- 6) I am aware of the terms and conditions of this Volunteer Agreement and Release of Liability and I am signing this agreement of my own free will. By signing this agreement, I attest to the fact that I am able to perform the services noted above, I am approved to work in the United States, and that I am eighteen years of age or older. If I am under the age of 18, I understand parental consent is required and given below.

By signing below, I confirm my acceptance of the terms of this Volunteer Agreement and Release of Liability.

Volunteer Signature _____ Date ____/____/____
(Volunteer is over age 18)

Parental Signature _____ Date ____/____/____
(Required when volunteer is under age 18)

Volunteer Information:

Address _____

Phone _____ Email _____

Emergency Contact Information:

Name _____

Phone _____ Relationship _____